

**COMPTROLLER OF THE TREASURY
DEPARTMENT OF AUDIT
APPLICANT INFORMATION**

LAST NAME _____ FIRST NAME _____ MI _____

CURRENT MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERMANENT MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: CURRENT () _____ HOME () _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ CPA _____

LOCATION PREFERENCE 1 _____ 2 _____ 3 _____

EDUCATION

| NAME AND LOCATION OF SCHOOL | DATES ATTENDED | GRADUATION DATE | DEGREE |
|-----------------------------|----------------|--------------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TOTAL HOURS COMPLETED _____ ACCOUNTING HOURS _____ GPA:OVERALL _____ ACCT _____

ARE YOU A U.S. CITIZEN? YES _____ NO _____

IF NO, SPECIFY YOUR CURRENT ALIEN STATUS _____

HAVE YOU EVER BEEN CONVICTED, FORFEITED BOND, OR ARE YOU CURRENTLY ON PROBATION FOR ANY FELONY? (A FELONY IS DEFINED AS AN OFFENSE PUNISHABLE BY IMPRISONMENT FOR A TERM OF ONE YEAR OR GREATER.) YES _____ NO _____

SIGNATURE: Under penalty of perjury, I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation show any falsification, I will not be considered for employment, or if employed, I will be subject to immediate dismissal. I authorize the State of Tennessee to make all necessary investigations concerning me or my actions and to receive and make available my academic records or other materials pertinent to my qualifications.

SIGNATURE OF APPLICANT _____ DATE _____

THE STATE OF TENNESSEE IS COMMITTED TO THE PRINCIPLES OF EQUAL OPPORTUNITY, EQUAL ACCESS, AND AFFIRMATIVE ACTION. DISCRIMINATION ON THE BASIS OF AGE, RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY, OR ANY OTHER NON MERIT FACTOR IS PROHIBITED.

✂ - - - - -

This information is to be completed on a *voluntary* basis. Data will be held *confidential* and only used *for statistical purposes* in accordance with applicable Federal law. Refusal to provide information will not subject the applicant to any adverse treatment.

RACE _____ White _____ Black _____ Hispanic _____ Asian _____ Native American Indian _____ Other _____
SEX _____ Male _____ Female DATE OF BIRTH _____